CERTIFICATE OF TApplicant(s): Blatter	Docket No. 11502/33							
Application No. 10/706,245	Filing Date November 12, 2003			Group Art Unit 3731				
Invention: STAPLE AN	D ANVIL ANASTOMOSIS SYST	TEM		RECEIVED CENTRAL FAX CENTER				
				MAR 2 7 2006				
I hereby certify that this Second Premininary Amendment (including the items listed below) (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300 on MARCH 27, 2006 (Date) Keyin B. Laurence								
(Typed or Printed Name of Person Signing Certificate) All Mark (Signature)								
Note: Each paper must have its own certificate of mailing.								
Transmitted: Certificate of Transmission by Facsimile (37 CFR 1.8) (1 pg.) PTO Charge Form charging the amount of \$1,700 (1 pg.) Second Preliminary Amendment (35 pgs.) Amendment Transmittal Letter (1 pg.) Information Disclosure Statement (3 pgs.) Form PTO-449 citing three (3) U.S. references (1 pg.) Transmittal of Information Disclosure Statement (2 pgs.)								
	Total Pages Transm	nitted: 44 pgs.						

AMENDA Applicant(s): Blat	111	Docket No. 11502/33							
Application No. 10/706,245	Filing Date November 12, 2003	Examiner Julian W. Woo	Customer I 32642	No. Group Art Ur 3731	it Confirmation No.				
Invention: STAPLE AND ANVIL ANASTOMOSIS SYSTEM									
COMMISSIONER FOR PATENTS:									
Transmitted herewith is an amendment in the above-identified application.									
Applicant claims small entity status. See 37 CFR 1.27									
The fee has been calculated and is transmitted as shown below.									
CLAIMS AS AMENDED									
	CLAIMS REMAINING	HIGHEST#	NUMBER EXTRA	RATE	ADDITIONAL				
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS PRESENT		FEE				
TOTAL CLAIMS	80 -	20 =	60	x \$25.00	\$1,500.00				
INDEP. CLAIMS	5 -	3 =	2	x \$100.00	\$200.00				
Multiple Dependent Claims (check if applicable)									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$1,70									
 No additional fee is required for amendment. □ Please charge Deposit Account No. □ A check in the amount of to cover the filling fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. ☑ Any additional filing fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. ☑ Dated: MARCH 27, 2006 I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. 									
Stoel Rives LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, UT 84111 Telephone: 801-578-6932 Facsimile: 801-578-6999 Signature of Person Mailing Correspondence CC: Typed or Printed Name of Person Mailing Correspondence									

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